(b)(6) (b)(3)

LEASE D	ATE: 🗕		and the state of t			FILLED IN)	· ·						
Nov-2008			APP	LICATIO	DN I	OR RE	FIRE	EMEN	IT.				
1		CIA	RETIR	EMENT	A N	D DISA	BII	LITY	SYST	EM			
To avoid o	lelay—1.	Read inf	ormation ca	refully; 2	2. Cor	nplete appli	cation	in full	; 3. 1	ypew	rite or print	t in ink	
A. PERSONAL INFORMATION													
I. NAME (Lost) (First) (Mi					(Middle)		2. DAT (Mon	E OF BIRT			3. SOCIAL SECURI	TY NUMBER	
MR. MRS. MISS	CARA	NCI	John		C		Fe		1922	l			
1 1000555						(City and Sa					(Zip Code)	<del></del>	
4. ADDRESS (Number and street) (City and State) (Zip Code)													
CORRES:	64 Ed	di Stre	et		Centredale, Rhode Island 02911								
CHECKS:	Same	as Cor	responde	ince									
			•		TION						<del></del>		
5. (A) ARE YOU MARRIED	! —	OR HUSBAN	WING INFORMATER (OR HIS) BIRT		DATE OF MAR	DATE OF MARRIAGE		SS OF SPOUS	E IF DI	FERENT FROM ITEM 4			
YES	(Fin		(Middle) (M	onth) (Day) (Year)		(Month) (Day) (Year)							
B. CIVILIAN SERVICE													
1. OFFICE OF ASSIGNMENT  2. SERVICE DESIGNATION 3. LOCATION OF EMPLOYMENT (City and State)													
DDI	<b>-</b>		. *					117 L	.iton	· n	C		
			RATION (Month)	(Day) (		ington		<del></del>	YEARS OF				
4. TITLE OF LAST POSITION  5. DATE OF FINAL SEPARATION (Month) (Day) (Year)  6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE  CIVILIAN SERVICE												TEARS OF	
7. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE?  8. ARE YOU ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM?													
<u> </u>			<b>≥</b> YE			·					<b>≭</b> YES	NO	
						RY SERVIC		101100451	E CONDETIO	A 10 10 A	100 05 7715 5011 0		
ICEC. (A) ADM	Y, NAVY, M. R IUNE 30. 1	ARINE CORPS 960: OR (C) A	AIR FORCE OR	COAST GUARD	OF THE I	INITED STATES	OR (R) F	REGIJI AR (	TORPS OR RI	CERVE	NY OF THE FOLLO CORPS OF THE PUB VAILABLE, ATTACH	HIC HEALTH	
BRANCH OF SERVICE		SERIA	L NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY		DATE OF SEPARATION FROM <u>ACTIVE</u> DUTY		LAST GRADE OR RANK		OR	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)		
υ. s	Army	311	82993	17 Oct 42		5 Feb	5 Feb 46		T5				
j													
2. (A) ARE YOU A	VER APPLIED FOR	2. (	C) IF "YES NENT I	," WERE YOUNDER CHA	U RETIF PTER 67	RED FROM A RESER	(VE COMPO-						
2. (A) ARE YOU A MILITARY RE- SERVIST (EITHER ACTIVE OR INACTIVE)?  2. (B) ARE YOU IN RECEIPT OF OR HAVE YOU EV MILITARY RETIRED PAY? (RETIRED PAY CLUDE V.A. PENSION OR COMPENSATION						ON.)	V.) TITLE III, PUBLIC LAW 80-810)?						
YES	<b>2</b> NO			YES X NO						YES	YES NO		
				D. DISAB	ILITY	INFORMA	TION						
Only applicants for total disability retirement will  complete Part D.  I. WHEN DID YOU BECOME TOTALLY DISABLED? (Manth, year)													
2. BRIEFLY DESCI	RIBE YOUR	DISABILITIES. ON PLAIN SE	STATE WHEN IN	CURRED, AND	HOW TH	IEY INTERFERE V	VITH PE	RFORMANO	CE OF THE D	UTIES C	OF YOUR POSITION	. (ATTACH	
ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY.)													
				•						•			
				E. OTHER	CLAI	M INFORM	IATIO	N					
I. (A) HAVE YOU UNDER TH	I. (B) IF "YES," STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION												
Will A	_	ENFLOTEES		l				(Month) (D	_	<del></del>	(Day) (Year)		
				YES	NO			<u> </u>					
<ol> <li>(A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS?</li> </ol>						2. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN CLAIM NUMBER(S)						IBER(S)	
DEPOSIT O	R REDEPOSI	T, OR VOLUN	JTIONS?		RETIREMEN	MENT DEPOSIT OR REDEPOSIT							
				<del> </del>	NO	REFUND	[		IBUTIONS				
3. (A) HAVE YOU MENT & D REFUND, PL	3. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION:  RETIREMENT PURCHASE OF SERVICE CREDIT												

FORM 3102 4-65

SEGRET

X YES

4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COUMBIA EMPLOYEES?

YES NO

REFUND

4. (B) IF "YES," GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM Civil Service System

VOLUNTARY CONTRIBUTIONS

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

## F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY If you are married, you will receive this type of annuity unless you choose the annuity in F. 2. INITIALS ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER The annuity payable to you during your lifetime will be reduced by $2\frac{1}{2}$ % of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE used. FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY. • If you retire for total disability before age 60 and get a guaranteed minimum disability annuity, you may use all or any part of your "earned" annuity as the base for the survivor benefit. If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want You cannot use any extra annuity which may be payable to make only part of your annuity used as the base for the survivor up the guaranteed minimum annuity. benefit, write the yearly amount of your annuity you want used. • If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor. THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE The survivor's annuity will begin upon your death and end when FOR HER (OR HIS) BENEFIT. she (or he) dies or remarries. If you choose this type, your wife (or husband) cannot be paid ANNUITY WITHOUT SURVIVOR BENEFIT INITIALS a survivor annuity after your death. (I do not desire my wife (or husband) to receive a • This type provides annuity payments to you only. jcc survivor annuity benefit after my death.) TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced) If you are not married, you will receive this type of annuity INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT unless you choose the annuity in G. 2. This type provides annuity payments to you only. This type is available to all retiring unmarried employees who are ANNUITY WITH SURVIVOR BENEFIT TO in good health. NAMED PERSON HAVING AN INSURABLE It provides a reduced annuity to you and a survivor annuity to INTEREST the person named as having an insurable interest. The survivor's annuity will begin upon your death and end when SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY she (or he) dies. NAME OF PERSON (First, middle, last) • The survivor's annuity will be 55% of the reduced annuity you receive. If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel RELATIONSHIP DATE OF BIRTH (Mo., day, yr.) at no cost to you. If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR annuity will not be increased, nor may you name any other ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUC person as survivor. CERTIFICATION OF APPLICANT I hereby certify that all statements made in this application are true WARNING.—Any intentional false statement in this application to the best of my knowledge and belief. or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment /s/ John C. Caranci Apr 1970 of not more than 5 years, or both (18 U.S.C. 1001). (SIGNATURE OF APPLICANT) (DATE) FOR OFFICE OF PERSONNEL USE ONLY